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Official CMS news from the Medicare Learning Network®

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News

Medicare Shared Savings Program: Application Deadlines for January 1, 2022, Start Date

CMS posted the Medicare Shared Savings Program (Shared Savings Program) Notice of Intent to Apply (NOIA) and application submission dates for Accountable Care Organizations (ACOs) on the Shared Savings Program [Application Types & Timeline](#) webpage. Beginning June 1, we'll accept NOIAs via the [ACO Management System](#). You must submit a NOIA if you intend to apply for a January 1, 2022, start date. This doesn't bind your organization to submit an application.

NOIA submissions are due no later than June 7 at noon ET. Each ACO should only submit one NOIA. After you submit a NOIA, submit your application from June 8 through 28 at noon ET.

CMS streamlined the application process into 2 phases to give you more time to respond to deficiencies. Visit the [Application Types & Timeline](#) webpage for information on the new streamlined process and deadlines.

More Information:

- [Shared Savings Program](#) webpage
- [Shared Savings Program](#) final rule
- [Application Toolkit](#) webpage
- Email SharedSavingsProgram@cms.hhs.gov

Repetitive, Scheduled Non-Emergent Ambulance Transport: Documentation Requirements

All physicians ordering repetitive, scheduled non-emergent ambulance transports need to give the ambulance provider:

- Physician's order dated no earlier than 60 days before the date of service
- Documentation from the patient's medical record that supports the medical necessity of the transport

A signed physician's order by itself doesn't demonstrate medical necessity. Additional documentation should include:

- Clear description of the patient's current condition, supporting the need for a transport, dated prior to the date of the transport. This information must be from the patient's clinician, not the ambulance provider.
- Medical necessity information to support the Physician Certifying Statement. It's medically necessary when transporting the patient any other way will cause them harm in that condition.

More information on Medicare coverage of repetitive, scheduled non-emergent ambulance services:

- Title 42 of the Code of Federal Regulations [410.40](#) and [410.41](#)
- [Medicare Benefit Policy Manual, Chapter 10](#)

Also, learn about our [Repetitive, Scheduled Non-Emergent Ambulance Transport Prior Authorization Model](#).

PT During COVID-19 & Response to Texas Storm

The Office of the Assistant Secretary for Preparedness and Response (ASPR) Technical Resources, Assistance Center, and Information Exchange (TRACIE) released new resources:

- [The Role of the Physical Therapist \(PT\) in Pandemic Response](#)
- [Managing the Storm After the Storm: Healthcare in Texas Recovers from Severe Winter Weather: Learn from their experience](#)

More Information:

- [ASPR TRACIE](#) fact sheet
- [ASPR TRACIE COVID-19 Resources](#) webpage

Compliance

Non-Physician Outpatient Services Provided Before or During Inpatient Stays: Bill Correctly

An [Office of Inspector General report](#) found that Medicare improperly paid for non-physician outpatient services provided shortly before or during inpatient stays. Review the [FAQs on the 3-Day Payment Window for Services Provided to Outpatients Who Later Are Admitted as Inpatients](#) MLN Matters Article to help you bill correctly for these services.

Additional resources:

- [Medicare Benefit Policy Manual, Chapter 6, Section 20.4](#)
- [Medicare Claims Processing Manual, Chapter 12, Sections 90.7, 90.7.1](#)
- [CY 2012 Medicare Physician Fee Schedule Final Rule](#)
- [Medicare Does Not Pay Acute-Care Hospitals for Outpatient Services They Provide to Beneficiaries in a Covered Part A Inpatient Stay at Other Facilities](#) MLN Matters Article

Claims, Pricers, & Codes

Home Health Payment Corrections

On April 1, Medicare systems will correct 3 errors affecting the payment of Calendar Year (CY) 2021 claims:

- Claims spanning January 1 are applying CY 2020 rates in error

- Late Request for Anticipated Payment (RAP) penalties are not applying to outlier amounts
- Late RAP penalties are being applied after the Value-Based Purchasing (VBP) adjustment, when the VBP adjustment should be the last calculation

Over the next several weeks, Medicare Administrative Contractors will reprocess these claims to correct your payments. You don't need to take any action.

MLN Matters® Articles

Common Working File (CWF) Edits for Medicare Telehealth Services and Manual Update

CMS issued a new MLN Matters Article MM12068 on [Common Working File \(CWF\) Edits for Medicare Telehealth Services and Manual Update](#). Learn about claims frequency for subsequent nursing facility care services.

Correction to Period Sequence Edits on Home Health Claims

CMS issued a new MLN Matters Article MM12085 on [Correction to Period Sequence Edits on Home Health Claims](#). Learn about changes to low-utilization payment adjustment claims.

Implementation of Changes in the End-Stage Renal Disease (ESRD) Prospective Payment System (PPS) and Payment for Dialysis Furnished for Acute Kidney Injury (AKI) in ESRD Facilities for Calendar Year (CY) 2021

CMS issued a new MLN Matters Article MM12188 on [Implementation of Changes in the End-Stage Renal Disease \(ESRD\) Prospective Payment System \(PPS\) and Payment for Dialysis Furnished for Acute Kidney Injury \(AKI\) in ESRD Facilities for Calendar Year \(CY\) 2021](#). Learn about rate and policy updates.

Updated Billing Requirements for Home Infusion Therapy (HIT) Services on or After January 1, 2021

CMS issued a new MLN Matters Article MM12108 on [Updated Billing Requirements for Home Infusion Therapy \(HIT\) Services on or After January 1, 2021](#). Learn about payment categories and amounts.

Update to Rural Health Clinic (RHC) Payment Limits

CMS issued a new MLN Matters Article MM12185 on [Update to Rural Health Clinic \(RHC\) Payment Limits](#). Learn about increases over an 8-year period and exemptions.

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